PART B - FEE(S) TRANSMITTAL

1 5 2005 ES	his form, together wit			Com P.O.	Stop ISSUI missioner fo Box 1450 andria, Virg 746-4000	or Patents		
INSTRUCTIONS This for appropriate. All in their considering parties are corrected maintenance fee notification	rm should be used for tran rrespondence including the below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and rders and not a) specifying	PUBLICATION tification of mai a new correspo	N FEE (if requintenance fees vandence address	ired). Blocks 1 through 5 will be mailed to the currer; and/or (b) indicating a se	should be completed when at correspondence address a parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE 26096 7:	PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where fication of maintenance fees will be mailed to the current correspondence address as a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmital. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, much have its own certificate of mailing or transmission.							
CARLSON, GAS 400 WEST MAPL SUITE 350 BIRMINGHAM, N					Ce	rtificate of Mailing or Trainis Fee(s) Transmittal is beiwith sufficient postage for fill Stop ISSUE FEE addres PTO (703) 746-4000, on the	nsmission	
16/2005 NNGUYEN2 00000				Bet	h A. Beard	A	(Depositor's name	
C:1501 C:1504	1400.00 OP			Ma	March 11, 2005 (Signature)			
APPLICATION NO.	FILING DATE	FIRST NAMED		D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	IIGH PRESSURE FLUID C	,		1		I mom : ::	T	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE			TION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO		\$1400		00	\$1700	04/14/2005	
EXAMINER		ART UNIT		CLASS-ST	JBCLASS]		
JIANG, C	HEN WEN	3744		239-3	75000			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	RESIDENCE DATA TO B an assignee is identified be a 37 CFR 3.11. Completion					nee is identified below, the	document has been filed t	
(A) NAME OF ASSIGN	EE	(E	B) RESIDEN	CE: (CITY and	STATE OR CO	UNTRY)		
NLB Corp.		•	Wixom, i	Michigan				
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	patent) : 📮 Ir	dividual 🗖 C	orporation or other private g	group entity Governme	
				ent of Fee(s):				
<u>~</u>				☑ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number 50-1482 (enclose an extra copy of this form).						
	(from status indicated above MALL ENTITY status. See	•				LL ENTITY status. See 37		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Iss sublication Fee (if required) ords of the United State Fact	ue Fee and Publica will not be accepted int and Trademark	tion Fee (if a d from anyon Office.	ny) or to re-appl e other than the	y any previous applicant; a reg	ly paid issue fee to the appli istered attorney or agent; or	cation identified above. the assignee or other party	
Authorized Signature				_	Date	March 11, 20	05	
Typed or printed name David L. Wisz				-	Registration	No. <u>46,350</u>		
Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT is for reducing this burden, st inia 22313-1450. DO NOT 1450. ttion Act of 1995, no persons							